

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9127	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name RUI A CARRINHO P O Box Bldg Room No if any Street 1329 JEFFERSON BLVD City WARWICK State RI ZIP Code + 4 02886	4 Name file number and address of labor organization Name IBEW Labor Organization File Number 000116 P O Box Building and Room Number if any Street 900 SEVENTH ST NW City WASHINGTON D-C State ZIP Code + 4 20001
5 Position in labor organization BUSINESS MANAGER - INTERNATIONAL EXECUTIVE COUNCIL MEMBER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name IBEW Trade Name if any P O Box Bldg Room No if any Street 900 SEVENTH ST NW City WASHINGTON D-C State ZIP Code + 4 20001	7 a Nature of Interest Transaction or Income GOLF OUTING AT RIVIERA (PALM SPRINGS, CA) ON APRIL 26, 2004 7 b Amount 980.00

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed *Rui M. Carrinho*

On 8-12-05
Date

401-739-4621
Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9128</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>NORMAN CHEESMAN</u> P O Box Bldg Room No if any Street <u>11426 SOUTH MILL STREET</u> City <u>TERRE HAUTE</u> State <u>IN</u> ZIP Code + 4 <u>47802</u>	4 Name file number and address of labor organization Name <u>INTERNATIONAL BROTHERHOOD OF</u> <u>ELECTRICAL WORKERS, LOCAL UNION #725</u> Labor Organization File Number <u>042-780</u> P O Box Building and Room Number if any Street <u>5675 EAST HULMAN DRIVE</u> City <u>TERRE HAUTE</u> State <u>IN</u> ZIP Code + 4 <u>47803</u>
5 Position in labor organization <u>PRESIDENT & SUPPLEMENTAL PENSION TRUSTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount <u>\$0</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Norman C Cheesman</u>	On <u>8/10/2005</u> <u>(812)299-5152</u> Date Telephone Number

Name of Person Filing	NORMAN C CHEESMAN	File Number U
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<p>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</p>	
<p>8 Name and address of Business (including trade name if any)</p> <p>Name MORRIS ASSOCIATES, ADMINISTRATOR</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O BOX 50440</p> <p>Street 9045 E 59TH STREET</p> <p>City INDIANAPOLIS</p> <p>State IN ZIP Code + 4 46250-0440</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><u>b Trust</u></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name LOCAL #725 SUPPLEMENTAL PENSION FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O BOX 50440</p> <p>Street 9045 E 59TH STREET</p> <p>City INDIANAPOLIS</p> <p>State IN ZIP Code + 4 46250-0440</p>	<p>11 a Nature of such dealing</p> <p>TRUSTEE MEETING</p>
	<p>11 b Approximate dollar value of such dealing \$216 56</p>
	<p>12 a Nature of interest held or income received</p> <p>LOST WAGES</p>
	<p>12 b Amount \$216 56</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p> <p>\$0</p>